



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
1. Agency Address		Application Number	
Department of Public Safety Driver Support Division No-Fault Insurance and Permits Section 959 E. Confederate Ave. S. E. Atlanta, Georgia		76-350-A	
2. Person to Contact		Date Received	Date Completed
Sgt. Dowdy		JAN 25 1980	JAN 31 1980
3. Action Requested		Working Title	
a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. 76-350 Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void		Supervisor	
4. Dates of Series		Telephone Number	
Earliest Latest		6639	
1978 present			
5. Record Series Title (followed by title used in office, if different)			
No-Fault Suspension Notice File			
6. Division and Office Function		What is the function of the Division and the Office in which this record series is created?	
7. Record Series Description		This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.	
Documents relating to:			
Included are:		Documents relating to suspending individuals' drivers' licenses and registration certificates and plates for failure to maintain liability insurance. Included are Official Notice of Suspension (DPS-718SW) and occasionally Second Notice (DPS-718B), and record of clearance (DPS-721). File is arranged numerically by case number.	
File is arranged:			
8. Monthly Reference Rate		How often are records referred to which are:	
One to six months old _____; Seven to twelve months old _____; Thirteen to twenty-four months old _____; twenty-five months and older _____?			
9. Annual Rate of Accumulation of Records			
Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

This information no longer needed once individual is reinsured.

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other See Below then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area, hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Upon proof of insurance, withdraw record from active file and destroy immediately.

[Signature] Captain
Title

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<u>[Signature]</u>	<u>2/2/80</u>	<u>[Signature]</u> CRM	<u>Jan 21, 1980</u>
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		State Auditor/Designee	<u>1-29-80</u>
		Secretary of State/Designee	<u>1-28-80</u>
		Attorney General/Designee	<u>1-30-80</u>

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	N/A	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept: See Item 12.

- | | | | |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | _____ years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Office reference

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

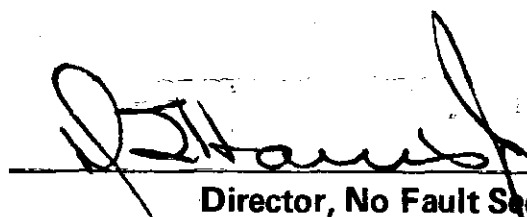
☐ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area, hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Upon proof of insurance, withdraw record from active file and place in inactive file; cut off inactive file at end of each month; hold in current files area 1 year; then destroy.

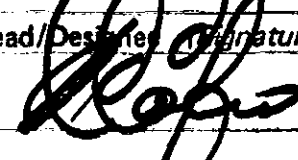


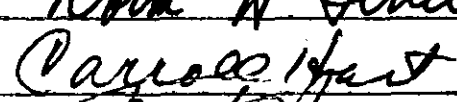

(✓) Concur

() Nonconcur


Director, No Fault Section

These instructions apply to all prior and future accumulations of the series.

This decision is to be re-evaluated prior to 1-1-79 after system is computerized.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
	11-17-76		11-15-76
Recommendations in paragraph 12 are approved. (If disapproved, attach letter of explanation.)		State Records Committee (Signature)	Date
		State Auditor/Designee 	12-16-76
		Secretary of State/Designee 	12-6-76
		Attorney General/Designee 	12-17-76